

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/695,725
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	0	0	0	0	0
TOTAL DEP.	0	1	0	0	0	0
TOTAL CLAIMS	2	1	0	0	0	0

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.	0	0	0
TOTAL DEP.	0	0	0
TOTAL CLAIMS	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS